



**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**OFFICE OF TAX AND REVENUE**  
Recorder of Deeds - 515 D Street NW Washington, DC 20001 Phone 727-5374

**INSTRUCTIONS**  
**APPLICATION FOR LOWER INCOME/SHARE EQUITY**  
**HOMEOWNERSHIP EXEMPTION**  
**(D.C. Law 5-31)**

Individual applicants must complete Part I through Part IV. Non-profit organizations, shared equity investors and cooperative housing associations must complete Part I through Part V.

All applicants must furnish information required by the schedules and completely answer all questions. In completing Part III (Household Gross Income Schedule), if there is no income, you must indicate with a (0) or the word (none). Do not leave blank, or the claim will be disallowed.

The application must be filed at the time you record your Deed. You are also required to file a Real Property Recordation and Transfer Tax Form (FP 7/C), in order to qualify for the recordation and transfer tax exemption.

A copy of your Sales Contract, Settlement Sheet and Proof of Annual Household Income must accompany the claim for exemption. If the transfer is under a Shared Equity Financing Agreement (SEF), a copy of SEF Agreement must accompany the claim for exemption. If the transfer is under the Economic Development Zone program, a copy of the certificate from the Development Zone Administrator must accompany the claim for exemption. If the transfer is under the Non-Profit Housing Organization provision, a copy of the organization's certification under section 501(c)(3) of the Internal Revenue Code must accompany the claim for exemption. If the transfer is under the Cooperative Housing Association provision, a list of all tenants and a completed Part III (Household Gross Income Schedule), along with proof of income for each qualifying tenant must accompany the claim for exemption.

Severe civil and criminal penalties are provided for false or fraudulent statements made in connection with this application.

The Recordation and Transfer Tax Form are subject to audit within three (3) years of filing. Additional taxes due shall accrue penalty and interest from date of filing.

For further assistance, including information on current eligibility limits, please contact the Recorder of Deeds Office at (202) 727-0421.

**NOTE THE LOWER INCOME HOMEOWNERSHIP EXEMPTION APPLICATION**  
**(FP-420) MUST BE ACKNOWLEDGED BY A NOTARY PUBLIC.**

## Application for Lower Income Homeownership Exemption

### D.C. Law 5-31

Name (Claimant)		Claimant's social security number	
Present Home Address		Spouse's social security number	
City	State	Zip Code	Apt. No.

If address of property for which exemption is claimed is different from above, list here:

Is the property for which the exemption is being claimed:	(Check one)	Private Home [ ]
		Apartment [ ]
		Rm. House [ ]

#### PART I

1. Total Household Gross Income (from Part III, Line t) . . . . . \$ \_\_\_\_\_
2. Qualifying Income (from Qualifying Income Table) . . . . . \$ \_\_\_\_\_
- Net difference (if line 2 exceeds line 1, you qualify for this exemption). . . . \$ \_\_\_\_\_

#### PART II

Lot \_\_\_\_\_ Square \_\_\_\_\_ designation of purchased property.

2. Is the property being transferred
 

☐ in fee simple  
☐ pursuant to a shared equity agreement  
☐ cooperative housing association  
☐ to a non-profit organization  
☐ economic development zone
3. If transferred pursuant to shared equity agreement, is the lower-income household receiving a credit against rent?    ☐ yes                      ☐ no
4. If property is owned by cooperative housing association, are at least 50% of the dwelling units contained therein occupied by households which meet income limitation?    ☐ yes            ☐ no
5. If transferred to a non-profit organization, has that organization been approved by the Internal Revenue Service?    ☐ yes                      ☐ no
6. If transferred to a non-profit organization, does that organization intend to transfer the property within 1 year to a household subject to the income limitations?    ☐ yes            ☐ no
7. Have you ever owned real estate before?    ☐ yes            ☐ no: if "yes", state where \_\_\_\_\_
8. Purchase price \_\_\_\_\_ (attach copy of sales contract and settlement sheet)
9. Amount of mortgage \_\_\_\_\_
10. Date mortgage is finally due (matures) \_\_\_\_\_  

Month
Day
Year

11. Do you own the property 100% ☐ yes ☐ no, if no, what is your ownership interest? \_\_\_\_\_?
12. If you own less than 100% interest in the property, state name of owner of remainder \_\_\_\_\_
13. Do you have an option to purchase any interest not now owned by you? ☐ yes ☐ no. If "yes", indicate date option expires \_\_\_\_\_.
14. Did you receive a credit on the purchase price of the property? ☐ yes ☐ no. If "yes", state amount \$ \_\_\_\_\_
15. Did you purchase the property from a member of your family? ☐ yes ☐ no. If "yes" state name of seller: \_\_\_\_\_  
Did you reside in the property 12 months per year? ☐ yes ☐ no; if "no" how many months during the year do you reside in the property?
16. Do you own (in part or whole) any other real property? ☐ yes ☐ no; if "yes", state where \_\_\_\_\_.
17. Have you ever applied for the Lower Income Homeownership Exemption program before?  
☐ yes ☐ no. If "yes", indicate date and disposition of your application. \_\_\_\_\_.

### PART III

#### Household Gross Income Schedule:

You must include the total income of all members living in the household you own or rent.

SOURCE OF INCOME	(1) Claimant	(2) Spouse	(3) All Others	(4) TOTAL
(a) Wages, Salary, Tips Bonus, Commissions, Fees				
(b) Dividends & Interest				
(c) Business Income				
(d) Pensions & Annuities				
(e) Capital gain & profits				
(f) Alimony received				
(g) Social Security and/or Railroad Retirement				
(h) Unemployment Insurance and/or Workman's Compensation				
(i) Support Money and/or Public Assistance Grants				
(j) Sick Pay excluded from Income				
(k) Military Compensation				
(l) Fellowship awards and grants				
(m) Life Insurance proceeds				
(n) Veteran's pensions and disability payments				
(o) GI bill benefits				
(p) Loss time insurance				
(q) Income subject to Unincorporated Business Tax				
(r) Cash distributions				
(s) Other (specify)				
(t) TOTAL HOUSEHOLD GROSS INCOME [Enter here and on line 1, Part 1, Page 2]				

Household Residents other than claimant.

List name, relationship, and social security number of all persons residing in the household.

Name	Relationship	Social Security	Age

I hereby swear or affirm under penalty of law that this return, including any accompanying Schedules and Statements, has been examined by me/us and to the best of my/our information, knowledge and belief the statements and representations are correct and true. I/we hereby acknowledge that any false statement or misrepresentations I/we made on this return is punishable by criminal penalties under the laws of the District of Columbia.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Preparer other than Claimant      Date

\_\_\_\_\_  
Claimant's Telephone Number (Home and Office)

\_\_\_\_\_  
Print Name of Preparer other than Claimant

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

(Notarial Seal)

\_\_\_\_\_  
Notary Public

Notary Public

**C. Shared Equity Financing**

I, (We) \_\_\_\_\_, person(s) acquiring qualified ownership interest in the property herein/before described pursuant a SEF agreement, hereby certify that the SEF agreement is intended to meet the requirements set forth in D.C. Law 5-31.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

(Notarial Seal)

\_\_\_\_\_  
Notary Public

**D. Cooperative Housing Association**

I, \_\_\_\_\_, a duly authorized officer of \_\_\_\_\_

\_\_\_\_\_ hereby certify under oath, that \_\_\_\_\_  
Cooperative Housing Association

\_\_\_\_\_ intends to transfer at least 50% of the units in the  
herein before described real property to lower-income households within one year from \_\_\_\_\_,

the date of acquisition by \_\_\_\_\_.

Cooperative Housing Association

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

(Notarial Seal)

\_\_\_\_\_  
Notary Public